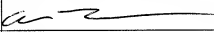


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|  |                      |                        |              |
|--|----------------------|------------------------|--------------|
| <h1>TRANSMITTAL<br/>FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | Application Number   | 10/691,434             |              |
|  | Filing Date          | October 23, 2003       |              |
|  | First Named Inventor | Osamu YAMAMOTO         |              |
|  | Art Unit             | 1793                   |              |
|  | Examiner Name        | W. A. Langel           |              |
| Total Number of Pages in This Submission   | 10                   | Attorney Docket Number | 251002008830 |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD<br><br><div style="border: 1px solid black; padding: 2px;">Remarks</div> | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>• Copy of FOURTH SUPPLEMENTAL REISSUE APPLICATION DECLARATION AND POWER OF ATTORNEY filed 11/9/09</li> </ul> |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |        |
|--|--|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP  |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Adam Keser   |          |        |
| Date                                       | December 8, 2009   | Reg. No. | 54,217 |